

4	MO & HO Survey 2003
7	Eulogy for Prof Chan Heng Leong
10	SARS & a GP's Medical Practice
13	When Doctors Met Lawyers
17	SARS & PPE (Part 5)

"Us" and "Them", and a Tembusu Tree

By Dr Lee Pheng Soon, SMA President

On the gentle evening of 22 July 2003, I and 4,000 others watched the Leaders of our Nation plant a Tembusu tree in the Singapore Botanic Gardens to commemorate those who had fought and died in the battle against SARS.

So much had happened since 1 March, when the first index case was admitted to Tan Tock Seng Hospital. SARS had then swiftly spread to affect several other hospitals and eventually even the community at large. It had been so malicious that no healthcare professional in Singapore could be confident that he, too, would not be a casualty. At the end of this battle, there were 238 cases of SARS; of these 33 died, among them five healthcare workers.

The Chinese Orchestra played and the Tampines Children's Choir sang. I thought how we had been taught at school that striving for excellence meant distinguishing ourselves from our peers as different and better. For example, people living in Singapore are either citizens or "other residents", distinguished by the right to vote, and the requirement of National Service. Or differentiation can be by occupation – as healthcare professionals or lay people. More specifically, among healthcare workers, "we" are doctors while "they" are other paramedical professionals. Finally, even as doctors, we categorise ourselves into clinicians vs. researchers, specialists vs. GPs, administrators vs. practitioners.

How SARS changed all that.

When SARS first struck, we – *all* who lived in Singapore, without distinction – were potential victims of this new epidemic. As a direct consequence of caring for the sick, *all* healthcare professionals, without distinction, were at great risk. In the search for improved protection against an invisible foe, *all* played a role according to their training. Administrators struggled to find practical guidelines. Clinical department heads drummed into their staff the finer points of infection control. Researchers in biohazard suits toiled with highly infectious specimens long into the night. GPs, many initially poorly equipped, performed frontline duty keeping the hospitals from being swamped. *All* of us were soldiers on the frontline, watching over our buddies, and being relied on to play our assigned roles.

In the age of SARS, there was no distinction of "us" and "them".

This was clear to anybody with eyes. When my father passed away in Singapore General Hospital in mid-May, I went to Ward 78 to claim his body. While waiting to complete the formalities, I could not help but see how the equally tired doctors and nurses in the ward, toiling as one, were being urged to offer just one more day of their best efforts by Prof Ong's personal message over the PA system. And when he spoke, I could see and hear that he spoke as one of them... To anybody with eyes, there was no "us" and "them" then.

Back to the present, to 22 July. The last patient has now been discharged from care, and nobody remains in home quarantine. We are constantly being reminded (correctly) that SARS may still re-emerge with the coming winter months. But now there is hope: Singapore has battle-tested soldiers, upgraded facilities are being readied in Tan Tock Seng Hospital and the CDC, and most important – a PCR-based diagnostic kit with both adequate sensitivity and specificity is now available. The Health Minister, after a magnificent job of leading the Nation through this dangerous time, will soon be able to pass the baton on to his successor and leave to take on new challenges. And the SMA – your SMA – is now a well-oiled fighting machine of many committed volunteers – committed to serving you.

And as I stood in the Botanic Gardens that warm evening, watching our Leaders water the Tembusu tree, my greatest concern was that we will swiftly revert to being "us" and "them" again, in each of the several ways that "us" and "them" can be differentiated. I was worried because the challenges that faced the Medical Profession before the start of SARS had merely been deferred, and now must be addressed. None of these challenges can be addressed successfully from a position of "us" and "them".

The largest of these, one that affects all doctors and all their patients, is medical practice insurance. No doctor can practise without making errors, and all doctors know that poor outcomes can occur even without practice errors. There must be a way to ensure that Medical Protection will not continue to escalate to unaffordable levels, while offering fair protection to doctor and patient alike. There must also be a way to guarantee that doctors who have faithfully paid their annual insurance premiums, will never be left standing naked in the forest facing a hungry tiger,



EDITORIAL BOARD

Editor

Dr Wong Tien Yin

Deputy Editors

Dr Daniel Fung

Dr Toh Han Chong

Members

Dr Chan Kah Poon

Prof Chee Yam Cheng

Dr John Chiam

Dr Jon Goh

Dr Terence Lim

Dr Oh Jen Jen

Dr Tan Poh Kiang

Ex-Officio

Dr Lee Pheng Soon

Dr Tham Tat Yean

Executive Secretary

Ms Chua Gek Eng

Editorial Manager

Ms Krysanja Tan

The views and opinions expressed in all the articles are those of the authors. These are not the views of the Editorial Board nor the SMA Council unless specifically stated so in writing. The contents of the Newsletter are not to be printed in whole or in part without prior written approval of the Editor.

Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850. Tel: 6223-1264 Fax: 6224-7827 Email: news@sma.org.sg URL: http://www.sma.org.sg

even should their medical defence body decide to pull out of the market without warning. How can “we” (doctors) solve this issue, caused (we think) largely by “them” (patients and an uncomprehending legal system)?

There are also many smaller concerns. There must be a way to ensure that “we” (junior doctors) do not feel exploited by “them” (employers and a system of compulsory service). There must be some way “we” (GPs) do not have to work 60-70 hours each week, just to earn an income that provides a reasonable quality of life and security for the family.

And finally there are the practice issues. How can “we” (the GPs) hope to make “them” (i.e. the Traffic Police and their MOH advisors) see that only a Prophet can certify that a 70-year-old driver will remain fit to drive his car for the next three years, based on a simple physical examination conducted today? After all, “they” (i.e. the Work Permit Department of the Ministry of Manpower and their MOH advisors) refused to accept that a GP could never certify with confidence that a worker from a SARS-affected area is “SARS-free, even though the disease is initially asymptomatic, and later may have no unique symptoms and signs. I realise with weariness, that we will never be able to satisfactorily

address ANY of these issues, big or small, from the perspective of “us” vs. “them”. To have any hope, we need to remain one Profession, serving one Calling, working within one Nation. In truth, “we” are all “we”, and there are no others.

Once again, back to the present. I am prevented from drifting from tiredness into melancholy, because as the evening now falls dark, candles are being lit (though with difficulty, by people unused to cigarette lighters). As the number of spots of light grow in the dark, I dream of younger people of the next generation, coincidentally meeting under a then-mature Tembusu tree one July evening many years later. They will have come individually to honour the memories of family members departed years ago. But though they will be strangers from different families, they will soon begin to compare notes on their loved ones’ roles during that time of SARS. Whether doctor or nurse, whether pastor or patient, they would be remembered first as fellow humans who walked together, and fought together, during this turbulent time. Maybe at that time, we, too, will have learned how to practise medicine better than we currently do, in the widest possible sense. But that will only be possible if we learn now, the lesson of “us” and “them”, that is here for those of our Profession who will see. ■